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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/698,920
Filing Date	October 27, 2000
First Named Inventor	Daryl S. Meredith et al.
Examiner Name	K. Peterson
Group / Art Unit	3724
Attorney Docket No.	0275A0168DVB

TOTAL AMOUNT OF PAYMENT (\$ ) 146

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 02-2548  Deposit Account Name: Harness, Dickey & Pierce, P.L.C.  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>	
2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>(\$ ) 0</b>
<b>2. EXTRA CLAIM FEES</b>			
Total Claims	22	-20	=
Independent Claims		=	0
Multiple Dependent		X	0
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 80	202 40	Independent claims in excess of 3	
104 270	204 135	Multiple dependent claim, if not paid	
109 80	209 40	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			<b>(\$ ) 36</b>
**or number previously paid, if greater; For Reissues, see above			
		<b>Other fee (specify) 148 - Statutory Disclaimer</b>	
		<b>*Reduced by Basic Filing Fee Paid</b>	
		<b>SUBTOTAL (3)</b>	
		<b>(\$ ) 110</b>	

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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Michael J. Schmidt	Registration No. Attorney/Agent	34,007
Signature		Telephone	(248) 641-1600
		Date	August 8, 2001

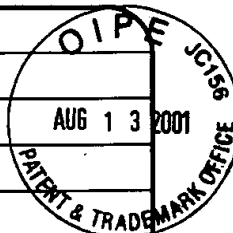
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3724

Please type a plus sign (+) inside this box → ☐

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/698,920	
	Filing Date	October 27, 2000	
	First Named Inventor	Daryl S. Meredith et al.	
	Group Art Unit	K. Peterson	
	Examiner Name	3724	
Total Number of Pages in This Submission	15	Attorney Docket Number	0275A0168DVB



ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;">postcard</p>
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Michael J. Schmidt
		Reg. No.	34,007
Signature			
Date	August 8, 2001		

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.			
Typed or printed name	Michael J. Schmidt		
Signature		Date	August 8, 2001